

## 2017 Direct Insurance Carrier Business License Application

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

FEIN: \_\_\_\_\_

Please select the NAICS Code that applies:

- |                          | <b>NAICS Code</b> | <b>Description</b>   |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | 524113            | Direct Life Insurance Carriers                                     |
| <input type="checkbox"/> | 524114            | Direct Health and Medical Insurance Carriers                       |
| <input type="checkbox"/> | 524126            | Direct Property and Casualty Insurance Carriers                    |
| <input type="checkbox"/> | 524127            | Direct Title Insurance Carriers                                    |
| <input type="checkbox"/> | 524128            | Other Direct Insurance (except Life, Health, and Medical) Carriers |
| <input type="checkbox"/> | 524130            | Reinsurance Carriers   |

	<b>Number of Additional Locations</b>	<b>Fee</b>	<b>Total Amount Due</b>
License fees for additional business locations	_____	<u>\$100.00</u>	\$ _____
Additional business locations with certain risks	_____	<u>\$35.00</u>	\$ _____
<b>Subtotal:</b>			\$ _____
<b>Insurer Annual License Fee:</b>			<u>\$100.00</u>
Other Fees:	_____		\$ _____
<b>Total Amount Due:</b>			\$ _____

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_